

# Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☒ Initial

Not yet qualified ☐ or

2/25/2010

Date qualified as committee

☐ Amendment

List I.D. number:

# \_\_\_\_\_

Date qualified as committee  
(If applicable)

☐ Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

Date of Termination

Date Stamp

CALIFORNIA  
FORM 410

For Official Use only

Page 1

## 1. Committee Information

NAME OF COMMITTEE

CALIFORNIANS FOR JOBS AND INNOVATION, A COALITION OF TAXPAYERS, EMPLOYERS,  
AND BIOTECHNOLOGY ASSOCIATIONS

STREET ADDRESS (NO P. O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS  
415-388-6874

COUNTY OF DOMICILE

MARIN

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE  
N/A

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

MR. STEVEN S. LUCAS

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

NAME OF ASSISTANT TREASURER, IF ANY

MS. ELLI ABDOLI

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MS. SANDRA PIZZARO

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SACRAMENTO	CA	95814	916-233-3497

## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 02/24/2010  
DATE

By Elli Abdoli

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Page 2

## 1. Committee Information

NAME OF COMMITTEE

CALIFORNIANS FOR JOBS AND INNOVATION, A COALITION OF TAXPAYERS, EMPLOYERS,  
AND BIOTECHNOLOGY ASSOCIATIONS

STREET ADDRESS (NO P. O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

**OPTIONAL:** FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE  
MS. GAIL MADERIS

MAILING ADDRESS

CITY SOUTH SAN FRANCISCO STATE CA ZIP CODE 94080 AREA CODE/PHONE 650-871-7101

## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

**CALIFORNIA  
FORM 410**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

CALIFORNIANS FOR JOBS AND INNOVATION, A COALITION OF TAXPAYERS, EMPLOYERS, AND BIOTECHNOLOGY ASSOCIATIONS

I.D. NUMBER

1324906

## 4. Type of Committee Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIPCODE

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
INITIATIVE STATUTE (09-0058) - SEE ATTACHMENT A	STATEWIDE	SUPPORT	OPPOSE X
		SUPPORT	OPPOSE

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STATEMENT OF ORGANIZATION

**CALIFORNIA  
FORM 410**

INSTRUCTIONS ON REVERSE

Page 4

COMMITTEE NAME

CALIFORNIANS FOR JOBS AND INNOVATION, A COALITION OF TAXPAYERS, EMPLOYERS, AND BIOTECHNOLOGY ASSOCIATIONS

I.D. NUMBER

1324906

## 4. Type of Committee (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

CALIFORNIA HEALTHCARE INSTITUTE

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

BIOTECHNOLOGY

STREET ADDRESS

NO. AND STREET

CITY

SACRAMENTO

STATE

CA

ZIP CODE

95814

**Small Contributor Committee**☐

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

## 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditure in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

FPPC Form 410 (Jan/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

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FORM 410**

INSTRUCTIONS ON REVERSE

Page 5

COMMITTEE NAME

CALIFORNIANS FOR JOBS AND INNOVATION, A COALITION OF TAXPAYERS, EMPLOYERS, AND BIOTECHNOLOGY ASSOCIATIONS

I.D. NUMBER

1324906

## 4. Type of Committee (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

BAY AREA BIOSCIENCE ASSOCIATION

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

BIOTECHNOLOGY

STREET ADDRESS

NO. AND STREET

CITY

SOUTH SAN FRANCISCO

STATE

CA

ZIP CODE

94080

**Small Contributor Committee**☐

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

## 5. Termination Requirements

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FPPC Form 410 (Jan/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference:  
ATTACHMENT A: MEASURE FULL TITLE: REPEALS RECENT LEGISLATION THAT WOULD ALLOW BUSINESSES TO CARRY BACK LOSSES, SHARE TAX CREDITS, AND USE A SALES-BASED INCOME CALCULATION TO LOWER TAXABLE INCOME. INITIATIVE STATUTE. (09-0058)

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